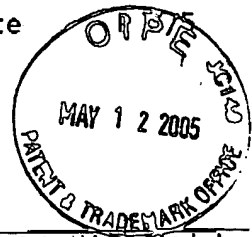


2005-05-12

14:36

514-395-8554

Brouillette



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or FAX (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/22/2005

BROUILLETTE KOSIE PRINCE  
25th Floor  
1100 Rene-Levesque Boulevard West  
Montreal, QC H3B 5C9  
CANADA

05/13/2005 TDSHANE 00000075 10674384

01 FC:2501  
02 FC:1504

700.00 OP  
300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/674,384	10/01/2003	Mark Garon	33488-006-US-01	4437

TITLE OF INVENTION: BANDAGE COOLING APPARATUS AND METHOD OF USING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/22/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DOSTER GREENE, DINNATIA JO		3743	602-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).  
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert Brouillette  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Multivet International Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

17420, CENTRALE  
St-Hyacinthe, Quebec J2T 3L7, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

Robert Brouillette

Date

May 12, 2005

Registration No.

31,930

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**BROUILLETTE & PARTNERS****TELECOPIER TRANSMISSION**

Date: May 12<sup>th</sup>, 2005  
Number of pages including this one: **5**

**TO:** Name: Patent Issue Fee Department  
Firm: Uspto  
Fax: 1 703 746-4000

**FROM:** Name: Britta Moriello  
Direct line: (514) 397-6713  
E-mail: [bm@brouillette.ca](mailto:bm@brouillette.ca)  
Ref. No.: 03488-006-US-01  
Your ref.:

Operator:  
Telephone: (514) 395-8500  
Extension:

**COMMENTS:****PAYMENT OF ISSUE FEE**

Appl. No. 10/674,384  
Confirmation No. : 4437  
Applicant: Multivet International Inc.  
Filed: October 1, 2003  
TC/A.U. : 3743  
Examiner : Foster Greenc, Dinnatia Jo  
Docket No. : 03488-006-US-01

Dear Sirs:

Please find enclosed the following documents in payment of the issue and publication fees regarding the above mentioned application.

- Cover letter
- Part B Fees Transmittal, Form PTOL-85
- Change of Correspondence Address, Form PTO/SB/122
- Credit Card Payment Form, PTO-2038

Upon receipt, kindly acknowledge safe receipt by return fax at (514) 397-8554 or email at [bm@brouillette.ca](mailto:bm@brouillette.ca).

Thank you.

**CONFIDENTIALITY**

The information contained in this facsimile is privileged and confidential and for the use of the person or entity specified above only. The reader of this message who is not the intended recipient is hereby notified that it is strictly prohibited to disclose, distribute or copy this information. If it was transmitted to you by mistake, please immediately notify us by telephone and return the original document to us by mail. We will refund your expenses. Thank you.

1100 René-Lévesque Blvd. West, Suite 2300, Montréal, Québec CANADA H3B 4N4  
Telephone: (514) 395-8500 Fax: (514) 395-8554